

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090823

Entity Name: MAP - IT SOLUTIONS, INC.

FILED  
Jul 12, 2006  
Secretary of State

**Current Principal Place of Business:**

1326 BLUE EAGLE WAY EAST  
JACKSONVILLE, FL 322250763 US

**New Principal Place of Business:**

**Current Mailing Address:**

1326 BLUE EAGLE WAY EAST  
JACKSONVILLE, FL 322250763 US

**New Mailing Address:**

FEI Number: 20-0173752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMYA, RENUAKANANDA  
1326 BLUE EAGLE WAY EAST  
JACKSONVILLE, FL 322250763 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: APPACHU, BALLACHANDA  
Address: 1326 BLUE EAGLE WAY EAST  
City-St-Zip: JACKSONVILLE, FL 322250763 US

Title: DVP ( ) Delete  
Name: RAMYA, RENUKANANDA  
Address: 1326 BLUE EAGLE WAY EAST  
City-St-Zip: JACKSONVILLE, FL 322250763 US

Title: DS ( ) Delete  
Name: BLAIR, THOMAS A  
Address: 54025 JEANNIE RD. @ P O BOX 1670  
City-St-Zip: CALLAHAN, FL 320111670 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APPACHU

DPT

07/12/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date